



TOWN OF SEEKONK

Mechanical Permit

Application for plan review and Mechanical permit.

OFFICIAL USE ONLY

Date _____ Permit # _____ Job Cost _____ Permit Fee _____

Plans Attached; Yes ☐ No ☐ Review Needed Yes ☐ No ☐

INSPECTIONS NEEDED

Preliminary Inspection ☐ Rough Inspection ☐ Final Inspection ☐

Please give 24 hr. notice for inspections.

APPLICANT PHONE # _____ OWNER PHONE # _____

Name _____ Name _____

Street _____ Street _____

City, Town, Zip. _____ City, Town, Zip _____

Job Location _____ Lot Number _____

Mechanical Work to be completed. Give brief description e.g. Type, size, quantity, etc.

☐ Chimneys & Vents, _____

☐ Fireplaces, _____

☐ Solid Fuel Burning, & Gas Appliances _____

☐ Power Vents _____

☐ Air Distribution Systems _____

☐ Kitchen Exhaust Equipment _____

☐ HVAC Systems _____

☐ Fire Suppression Systems _____

☐ Mechanical Refrigeration _____

☐ Other _____